



# *Central PA Clinic 5K*

## *“Run for Rare Disease”*

**Start and finish at Maple Grove Mennonite Church**

**115 Maple Grove Road, Belleville, PA, 17004**

**Saturday, April 26, 2025. Start: 9:00 AM**

**Race day registration opens: 8:00 AM**

**ORGANIZED BY:** The Central Pennsylvania Clinic. Supported by the Juniata Valley Striders. *Benefits the Central Pennsylvania Clinic.*

**COURSE:** 5 kilometer (3.1 mile) wheel-measured, out-and-back course with rolling hills.

**AWARDS:** Specially designed awards to the top male and female finisher. Awards to the top three finishers in each age category (*no duplications*).

**Males:** 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60+

**Females:** 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60+

**ENTRY FEE:** \$20 if postmarked by April 19<sup>th</sup> (\$15 for 12 and under), \$25 thereafter.

***Extra donations appreciated.***

*Checks payable to:* Central PA Clinic

*Fax form to:* (717) 935-5560

*Or Mail to:* Central PA Clinic

PO Box 5806

Belleville, PA, 17004

**DIRECTIONS:** Follow Rte. 655 to Belleville. From the west, turn left onto Maple Grove Road (after Sharp Shopper on left). From the east, turn right onto Maple Grove Road. Go ¼ mile to Maple Grove Church parking lot.

**QUESTIONS:** Call Vienna Kauffman at (814) 795-3142 or email [VKauffman@centralpaclinic.org](mailto:VKauffman@centralpaclinic.org)

**NO HEADPHONES OR STROLLERS, PLEASE!**

**T-SHIRTS:** Guaranteed to all preregistered runners. Limited supply on race day.

---

**NAME:** \_\_\_\_\_ **AGE ON RACE DAY:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**T-SHIRT SIZE:** **ADULT:** SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ XLARGE \_\_\_\_\_

**CHILD:** MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to, falls, contact with other participants, the effects of the weather, including high heat or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Central Pennsylvania Clinic, Union Township, Maple Grove Mennonite Church and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

**SIGNATURE:** \_\_\_\_\_

**PARENT/GUARDIAN if under 18:** \_\_\_\_\_